

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number OCT 22 1993

Date Received

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NC DEHNR (FOREST RESOURCES)
(Corporation, Individual, Public Agency, or Other Entity)

Street Address: BOX 27687 512 N SALISBURY ST.

County: DURHAM

City: RALEIGH State: NC Zip Code: 27611

Tele. No. (Area Code): 919 733-2162

II. LOCATION OF TANK(S)

Facility Name or Company NC FOREST RESOURCES

Facility ID # (if available) 021781-1

Street Address or State Road: P.O. BOX 841

County: ASHE City: JEFFERSON Zip Code: 28640

Tele. No. (Area Code): 704 246-2471

III. CONTACT PERSON

Name: CHARLES TAYLOR Job Title: COUNTY RANGER Telephone Number: (704) 246-2471

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: FROEHLING AND ROBERTSON INC

Address: P.O. BOX 2551 RALEIGH State: NC Zip Code: 27602

Contact: J.D. SOLOMON Phone: 919 828-3441

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE	CHANGE-IN-SERVICE	
			Removal	Abandonment in Place	Now Contents Stored
<u>021781-1</u>	<u>1,000</u>	<u>GASOLINE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

ROBERT BICKERSTAFFE REGION 3 UST COORDINATOR

Scheduled Removal Date: 11/30/93

Signature: [Signature]

Date Submitted: 10/14/93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date